

**MUNICIPAL ALLIANCE TO PREVENT ALCOHOLISM  
AND DRUG ABUSE**

**REQUEST FOR PROPOSAL (RFP)  
GRANT APPLICATION**

**2005-2007 GRANT TERM**

**GOVERNOR'S COUNCIL ON ALCOHOLISM  
AND DRUG ABUSE  
P.O. BOX 345  
TRENTON, NEW JERSEY 08625  
(609) 777-0526 (PH) (609) 777-0535 (FAX)**

# **MUNICIPAL ALLIANCE TO PREVENT ALCOHOLISM AND DRUG ABUSE GRANT APPLICATION (RFP) INSTRUCTIONS**

**Grant Term 2005-2007**

## **I. INTRODUCTION**

The following application must be completed for a municipal Alliance to receive funding through the Alliance to Prevent Alcoholism and Drug Abuse, administered by the Governor's Council on Alcoholism and Drug Abuse. The application pertains to the three-year grant term of January 1, 2005 - December 31, 2007. Program requirements are set forth in a separate document entitled "Municipal Alliance to Prevent Alcoholism and Drug Abuse Grant, Program Guidelines 2005-2007"

A municipal Alliance must complete the "Process for Prioritizing Municipal Risk and Protective Factors" prior to submission of the application. This process was designed to assist municipal Alliances in assessing and prioritizing the community's substance abuse prevention needs. More information about the assessment and prioritization process can be obtained from your county Alliance coordinator. The objectives and goals identified in this grant application, and the proposed program activities designed to achieve these objectives and goals, must reflect the priorities identified through the needs assessment process.

Please note that the Center for Substance Abuse Prevention (CSAP) prevention strategies, widely used as a framework for the development of ATOD abuse prevention programs, have been revised from the prior grant term. The seven CSAP strategies referenced in this application are: Policy and Enforcement (formerly Environmental Approaches); Collaboration (formerly Community-Based Processes); Communications (formerly Information Dissemination); Education (formerly Prevention Education); Early Intervention (formerly Problem Identification and Referral); and Alternatives. More information about these prevention strategies can be found in the Appendices of this document and at:

<http://www.northeastcapt.org/products/strategies/index.html>

The application forms are available on computer disk as an MSWord document. The documents are in a format that will allow information to be entered by word processor directly into the appropriate fields, subject to program compatibility. Forms 1-12 are available individually to facilitate the duplication of forms as needed.

## **II. RFP APPLICATION FORMS**

### **FORM 1: APPLICATION FOR FUNDING MUNICIPAL ALLIANCES**

The purpose of this form is for verification and authorization from the municipal governing body for the submission of the 2005-2007 Municipal Alliance grant application. Consortium Alliances must have signatures from all participating municipalities. A resolution from the municipal governing body authorizing the submission of the application must be attached.

### **FORM 2: MUNICIPAL ALLIANCE COMMITTEE MEMBERSHIP LIST**

All members of the Municipal Alliance Committee must be noted along with mailing addresses, terms and representation. Mailing addresses may be used for distribution to the public if/when requested.

### **FORM 3: MUNICIPAL ALLIANCE PRIORITIES: RISK & PROTECTIVE FACTORS**

This form, completed as part of the requisite prevention needs assessment and prioritization process, must be included in the application package. The programs proposed in this application must address the risk factors identified on this form.

### **FORM 4: GOALS AND OBJECTIVES – OUTCOME EVALUATION**

The purpose of this form is to identify goals and objectives developed to address the ATOD abuse risk factors that have been identified as priorities for Alliance prevention activities through the needs assessment process. The method to evaluate the attainment of the goals and objectives must also be noted. This form must be completed for each of the risk factors that will be targeted using Alliance grant funds. Additional copies of this form should be made as needed.

### **FORM 5: ALLIANCE ACTIVITY PLAN**

This page must be completed for each activity that will be funded with Alliance grant funds. Additional copies of this form should be made as needed. The program activities described on this form must address a risk factor identified on FORM 4: GOALS AND OBJECTIVES – OUTCOME EVALUATION. The activity must also be linked to an objective(s) identified in FORM 4. A list of CSAP Prevention Strategies and the Target Population categories to be used on this form can be found in the appendices of this document.

## **FORM 6: MUNICIPAL ALLIANCE BUDGET SUMMARY**

This form must summarize the proposed funding for all activities described in the ALLIANCE ACTIVITY PLAN(S). Additional detail must be provided for all proposed personnel and consultant expenses, as well as for all other expense line items that exceed \$500, on FORMS 7,8 and 9.

## **FORM 7: ALLIANCE PROGRAM LINE ITEM DETAIL**

This form must be used to provide detail on individual program line item requests noted on the MUNICIPAL ALLIANCE BUDGET SUMMARY for travel, supplies, printing/postage, equipment or rent, that exceed \$500. Information must be as specific as possible, and a supply list or categorical breakdown of items that will be purchased should be included.

## **FORM 8: SUMMARY OF CONSULTANT SERVICES**

If the Alliance is requesting DEDR funds to pay for services provided on a consulting basis, complete this form. This form is used to list consultant costs for all programs proposed by the Alliance. Please complete one form as a summary for all activity budgets. Only list information for grant funded services and attach additional sheets if necessary.

## **FORM 9: ALLIANCE PERSONNEL COSTS**

List all full and part-time municipal employees who will be paid using Alliance grant funds.

## **FORM 10: GRANT FUND MATCH PLAN SUMMARY**

Provide a summary of the municipal Alliance's plan to meet the grants' 100% matching requirement.

## **FORM 11: STATEMENT OF ASSURANCES**

Statement by which the municipality assures that the provisions of the Program Guidelines will be adhered to by the Alliance as formed. This form must be signed by a representative of the municipal government and the Municipal Alliance Committee chairperson.

## **FORM 12: FISCAL REQUIREMENTS**

This form is a statement that all financial conditions of the grant will be met, and must be signed by a representative of the municipal government and the Municipal Alliance Committee chairperson.

### **III. APPENDICES**

CSAP Prevention Strategies  
Risk Factors  
Target Population Categories